

**ADAP Data Collection Form – Small Group**

*Please tell us more about yourself. This information will help us fulfill our federal grant requirements and let us know who we are serving or not serving in our community. We consider this information private and it will only be reported as part of an aggregate data report.*

**Are you:**

- ☐ Male  
☐ Female  
☐ I don't choose to respond

**What is your age?** (Please choose one.)

- ☐ 0-4      ☐ 21-24  
☐ 5-11      ☐ 25-44  
☐ 12-14      ☐ 45-64  
☐ 15-17      ☐ 65+  
☐ 18-20      ☐ I don't choose to respond

**What race best describes you?** (You may mark more than one.)

- ☐ African American/Black  
☐ American Indian or Alaska Native  
☐ Asian  
☐ Native Hawaiian/Pacific Islander  
☐ White/Caucasian  
☐ I don't choose to respond

**Are you Spanish/Hispanic/Latino?** (Please choose one)

- ☐ Yes  
☐ No  
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